REC 16-056

NHPUC 11JAN'16PM1:26

Who is submitting this request?

Aggregator

Aggregator Batch Number

KN0215

Aggregator name

Knollwood Energy

Aggregator Email

linda@knollwoodenergy.com

Other Aggregator name

Other aggregator email address

Facility Owner Name

Kelsi Sullivan

Owner Prefix

Ms.

Facility Owner email

kelsi@sportsmednorth.com

Owner Phone

781-254-8837

Facility Address

24 Morgan Ct

Facility Town/City

Rye

Facility State

NH

Facility Zip

03870

Is the facility address the same as the owner's mailing address

- (●) Yes
- ( ) No

Mailing Address

Mailing Town/City

Mailing State

Mailing Zip

Primary Contact (who should we call with questions)

Linda Modica

Contact Phone

Other Email Address

Facility Information

Class

II

Utility

Eversource

Other Utility Name

Date of Utility Signoff

09/10/2015

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

56522

Facility Operator Name, if applicable

Panel Quantity

35

Panel Make

Solarworld

Panel Model

285

Panel Rated Output

285

System capacity based on panels

9.9750

Inverter Quantity

1

Inverter Make

Solar Edge

Additional Inverter

Rated Output

10000

System capacity based on inverters

10.00

System capacity in mW as stated on the interconnection agreement

10.0

Revenue Grade Meter Make

Schlumberger

Was this facility installed directly by the customer (no electrician involved)?

- ○ Yes
- ◉ No

Date of Electrician Signoff

Sign-off Electrician's License Number

NH 12729

Installation Company

Other

Other Installation Company Name

Solar Endeavors, LLC

Other Inst. Company Address

216 Lafayette Rd

Other Inst. Company City

Rye

Other Inst. Company State

NH

Other Inst. Company Zip

03870

Independent Monitor Name

Paul Button

Monitor Company Name

Energy Audits Unlimited

Monitor Company Name

Monitor Company Name

Monitor Company Name

Other Monitor Company Name

Is the installer also the equipment vendor?

- (●) Yes
- ( ) No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

https://fs30.formsite.com/jan1947/files/f-5-99-5791559_IzCSoix3_Sullivan_SPIA_COC.pdf

The project described in this application will meeet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independant minitor or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independant monitor that the meter operaes according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facilitiy's interconnection agreement is attached.

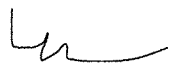
Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-168-5791559_WypVNIDj_Sullivan_NHOS.pdf

Please attach additional document here

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Linda Modica

Date Signed

12/31/2015

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA

Simplified Process Interconnection Application and Service Agreement

Eversource Application Project ID#: _____

Contact Information:

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): Kelsi Sullivan

Contact Person, if Company: Kelsi Sullivan

Mailing Address: 24 Morgan Ct

City: Rye State: NH Zip Code: 03870

Telephone (Daytime): _____ (Evening): _____

Facsimile Number: _____ E-Mail Address: kelsi@sportsmednorth.com

Alternative Contact Information (e.g., System installation contractor or coordinating company, if appropriate):

Name: Solar Endeavors LLC

Mailing Address: 1090 Washington Road

City: Rye State: NH Zip Code: 03870

Telephone (Daytime): 978-771-4645 (Evening): _____

Facsimile Number: _____ E-Mail Address: aaron@solarendeavors.com

Electrical Contractor Contact Information (if appropriate):

Name: Christopher Vining

Mailing Address: 5 Longwood Avenue

City: N. Andover State: MA Zip Code: 01845

Telephone (Daytime): 978-257-0981 (Evening): _____

Facsimile Number: _____ E-Mail Address: cwvining@gmail.com

Facility Site Information:

Facility (Site) Address: _____

City: _____ State: NH Zip Code: _____

Electric

Service Company: Eversource Account Number: _____ Meter Number: _____

Account and Meter Number: Please consult an actual Eversource electric bill and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, please provide the Eversource Work Request number.

Eversource Work Request # _____

Non-Default' Service Customers Only:

Competitive Electric

Energy Supply Company: _____ Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

EVERSOURCE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA

Simplified Process Interconnection Application and Service Agreement

Facility Machine Information:

Generator/ Inverter Manufacturer: SolarEdge Model Name & Number: SE10000A-US Quantity: 1

Nameplate Rating: 10 (kW) 10 (kVA) 240 (AC Volts) Phase: Single [x] Three [ ]

Nameplate Rating: The AC Nameplate rating of the individual inverter.

System Design Capacity: 10 (kW) 10 (kVA) Battery Backup: Yes [ ] No [■]

System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the sum of the AC nameplate ratings of all inverters.

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes [■] No [ ]

Prime Mover: Photovoltaic [■] Reciprocating Engine [ ] Fuel Cell [ ] Turbine [ ] Other ____

Energy Source: Solar [■] Wind [ ] Hydro [ ] Diesel [ ] Natural Gas [ ] Fuel Oil [ ] Other ____

Inverter-based Generating Facilities:

UL 1741 / IEEE 1547.1 Compliant **(Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)**
Yes [■] No [ ]

The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. ***Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.***

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be **installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'**

Yes [x] No [ ]

Location of External Manual Disconnect Switch: Basement on inverter with lightning arrestor

Project Estimated Install Date: 07/15/15 Project Estimated In-Service Date: 08/30/15

Interconnecting Customer Signature:

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the **Terms and Conditions for Simplified Process Interconnections** attached hereto:

Customer Signature: [signature] Title: HomeOwner Date: 7/2/15

Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection point in relation to the customer service panel and the Eversource meter socket. Applications without such a diagram may be returned.

For Eversource Use Only

Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes [ ] No [ ] To be Determined [ ]

Company Signature: _____ Title: _____ Date: _____

Eversource

Interconnection Standards For Inverters Sized Up To 100 kVA

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information: ☐ Check if owner-installed

Customer or Company Name (print): Kelsi Sullivan

Contact Person, if Company: _____

Mailing Address: 24 Morgan Ct

City: Rye State: NH Zip Code: 03870

Telephone (Daytime): 781-254-8837 (Evening): _____

Facsimile Number: _____ E-Mail Address: kelsi@sportsmednorth.com

Facility Information:

Address of Facility (if different from above): Same

City: _____ State: _____ Zip Code: _____

Electrical Contractor Contact Information:

Electrical Contractor's Name (if appropriate): Christopher Vining (Warren Industries Inc.)

Mailing Address: 5 Longwood Avenue

City: N. Andover State: MA Zip Code: 01845

Telephone (Daytime): 978-257-0981 (Evening): _____

Facsimile Number: _____ E-Mail Address: cwvining@gmail.com

License number: 12729

Date of approval to install Facility granted by the Company: _____

Eversource Application ID number: #N 3663

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of:

City: Rye County: Rockingham N.H.

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

Signature: _____

Name (printed): Peter E. Randall Date: 9-10-15

Customer Certification:

I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B – Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Puc. 905.04 has been successfully completed.

Customer Signature: Kelsi Sullivan

As a condition of interconnection you are required to send/fax a copy of this form to:

Eversource
Distributed Generation
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2924

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

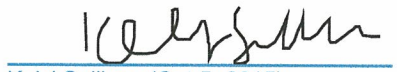
The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Kelsi Sullivan

Printed Name of signature owner



Kelsi Sullivan (Oct 5, 2015)

Signature of system owner